



*Welcome!*

## **NEW PROVIDER ORIENTATION**

**Bureau of Developmental Disabilities Services**

Ranita Norman,

Director, BDDS Provider Relations

Division of Disability & Rehabilitative Services

[Ranita.Norman@fssa.in.gov](mailto:Ranita.Norman@fssa.in.gov)

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# **Completing Provider Application/Proposal Supporting Documents**

**[www.ddrs.in.gov](http://www.ddrs.in.gov)** - click on BDDS

- **460 IAC 6**
- **Checklists—Part 3 and/or Part 4**
- **Waiver Documents**

# **Completing New Provider Application**

- **Application & Full Written Service Proposal for *any* Residential Services**

**And/or**

- **Application & Modified Proposal for Ancillary Services**

# Completing Provider Application—Part 1

*Application/Proposal must be submitted in binder and include yellow application.*

- Date of Application
- Legal Name of Company
- Type of Entity
- Current Main Address (**Not P.O. Box**)
- Contact Information: (Phone/**e-mails**)
- Date of Orientation

# **New Provider Application Packet**

## **■ Submit on Yellow paper:**

- Application p. 1, 2, 3 (Part 3), 8 (Part 4)**
- W-9 Taxpayer ID**
- FSSA Provider Data Form**
- Direct Deposit Authorization**
- Schedule A**

## **■ Submit 19 page White paper:**

- BDDS Provider Enrollment**

# **Completing Provider Application Part 3**

## **Services Available**

**A written service proposal consisting of Parts 3A and 3B must be submitted to provide the following services:**

- Adult Day Services (level 1) – ADS1 (Autism, SS and DD Waivers) – Rule 5 - Section 2
- Adult Day Services (level 2) – ADS2 (Autism, SS and DD Waivers) – 5-2
- Adult Day Services (level 3) – ADS3 (Autism, SS and DD Waivers) – 5-2
- Adult Foster Care – AFC (Autism and DD Waivers) – 5-3
- Caregiver Support Services – CSS
- Community Transition Supports – CT (Autism and DD Waivers) – 5-34
- Family and Caregiver Training Services (Autism, SS and DD Waivers) – 5-13
- Community Based Habilitation – Group; Community Based Habilitation – Individual (Autism, SS, DD)
- Facility Based Habilitation – Group; Facility Based Habilitation – Individual (Autism, SS, DD)

# Completing Provider Application Part 3

## Services Available

**A written service proposal consisting of Parts 3A and 3B must be submitted to provide the following services:**

- Prevocational (Autism, SS, DD)
- Supported Employment Follow Along (Autism, SS, DD)
- Rent/Food for Unrelated Live-In Caregiver (Autism and DD Waivers) 5-23
- Residential Habilitation and Support - *Provider is responsible for providing the following; **Residential Habilitation and Supports, Transportation** (when greater than 35 hrs/wk of RHS are provided), **Health Care Coordination, Community Habilitation and Participation-Based-Individual** – RHS (Autism and DD Waivers)*
- Residential Living Allowance – RLA – 5-25
- Respite Services – (Autism, SS and DD Waivers) – 5-26
- Electronic Monitoring – (DD Waiver)
- Facility Based Support Services – (DD Waiver)
- Family and Caregiver Training – (Autism, SS, DD)
- Transportation – (Autism, SS, DD)
- Workplace Assistance – (DD Waiver)

## **Part 3–Written proposals must include the following 11 sections:**

- 1. Legal Documents**
- 2. Insurance Coverage**
- 3. Financial Documentation**
- 4. Organizational Chart**
- 5. Proof of Managerial Ability**
- 6. Documentation of Criminal Histories**
- 7. Qualifications**
- 8. Staff Training Curriculum**
- 9. Policies and Procedure Manuals**
- 10. Quality Assurance and Quality Improvement**
- 11. Proof of National Accreditation (if applicable)**



# 460 IAC 6

- 460 IAC 6 is the Standards/Requirements for Supported Living Services

*An example of how to read:*

## 460 IAC 6-18-1

### 460 *Indiana Administrative Code*

**6** refers to the **Article** number

**18** refers to the **Rule** number

**1** refers to the **Section** number

IAC 460 Rule 6:

[http://www.in.gov/fssa/files/460\\_standards\\_rule\\_6.pdf](http://www.in.gov/fssa/files/460_standards_rule_6.pdf)

# **Completing Provider Application—Part 3B**

## **Legal Documents**

### **Provider Applications must include:**

- Certificate of incorporation/authority from the Secretary of State of Indiana
- Verification of a Tax ID number from the IRS
- DBA: (Assumed Business Name)
- Verification of any DBAs from the Secretary of State of Indiana
- Proof of registration of any DBAs from the office of the County Recorder of each county in which a place of business is located

# **Completing Provider Application—Part 3B**

## **Insurance Coverage**

**(460 IAC 6-12-1 and 460 IAC 6-12-2)**

**All applications must include:**

- Proof of property insurance
- Personal liability insurance including:
  - personal injury
  - loss of life
  - Property damage to an individual caused by fire, accident, or other casualty arising from the provision of services to the individual by the provider
  - Auto Insurance (if applicable)

# **Completing Provider Application—Part 3B**

## **Financial Documentation**

**(460 IAC 6-11-2 and 6-11-3)**

**All applications must include:**

- Current financial status
- Current expenses and revenues
- Letter from bank or financial institution verifying **available Line of Credit in Agency name**
- **Credit cards do not count as available line of credit**
- Projected budgets outlining future costs and income

# Completing Provider Application—Part 3B

## Organizational Chart

(460 IAC 6-10-6)

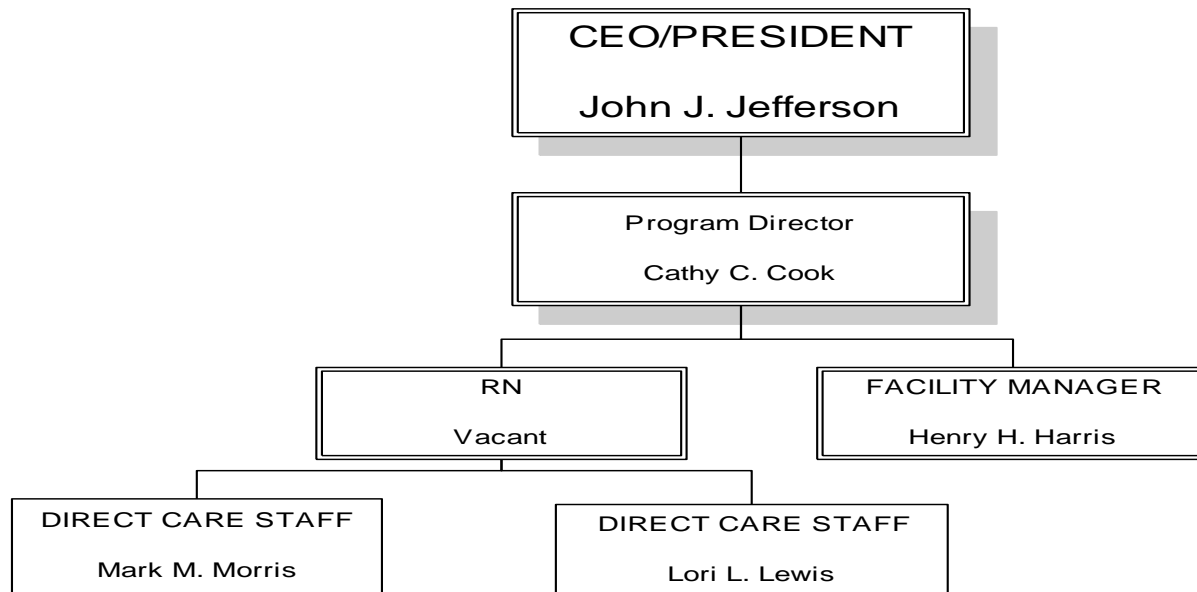
**All applications must include:**

- A current organizational chart of agency—including parent and subsidiary corporations
- All agency positions, whether filled or vacant, showing the chain of command within the agency
- *Reminder:* List agency positions required to maintain a business (office/human resources/payroll)

# Completing Provider Application—Part 3B

## Organizational Chart

### *Sample Organizational Chart*



# Completing Provider Application—Part 3B

## Organizational Chart

All applications must include separate job descriptions for each position and to whom they report:

- Each position should match the position noted on the organizational chart
- At minimum, at least **two individuals** must be identified on the organizational chart
- **Please Note:** The two identified individuals may be required to meet with CRFC (depending on the requested services)

## **Completing Provider Application—Part 3B**

# **Proof of Managerial Ability**

**(460 IAC 6-6-2)**

**All applications must include:**

- Supporting documentation that all individuals holding key management positions in agency have the managerial ability for supported living services to the DD population
- Resumes
- Diplomas/Copy of Degree/Transcripts (if applicable)
- Training experience/Certifications/Licensure

**References/Credentials will be verified**



# Completing Provider Application—Part 3B

## Criminal Histories

(460 IAC 6-10-5) page 36

### Documentation of Criminal Histories:

- ***An original*** limited criminal background check is required on ***each*** individual involved in the management, administration, or provision of services (Internet copies accepted.)
- Must be obtained within ***90 days*** of submission of the application
- Must have an original signature or certified stamp from the appropriate agency (if obtained through agency)

# Completing Provider Application—Part 3B

## Criminal Histories

Criminal Histories are required from *each* of the three sources:

- The Indiana State Police Central Repository
- The County Sheriff Office for **each county** in which the individual has resided during the past **three** years. *If you reside/resided in another state(s), you must submit criminal histories for all states/counties for the past 3 years.*
- Verification from the State Nurse Aide Registry of the Indiana State Department of Health (ISDH)

<https://extranet.in.gov/webLookup/Search.aspx>

# **Completing Provider Application—Part 3B**

## **Qualifications**

**(460 IAC 6-5 and 6-14)**

**All applications must include:**

- **Qualifications for each service requested**

**This section requires service AND staffing qualifications for each service requested.**

# Completing Provider Application—Part 3B

## Staff Training Curriculum

**460 IAC 6-14-4 and 6-16-3**

**Applications must include:**

- Staff training/curriculum manual
- Manual must include evidence of individual specific and service specific training

***Reminder:*** All staff training must be completed ***prior to beginning*** services with consumers

# **Completing Provider Application—Part 3B**

## **Policies & Procedures Manual-**

## **Operations Manual**

The following must be included in the policies and procedures manual of the organization:

*Each Policy (Process/Protocol) must contain the requirements stated in each section of the Rule*

- **Code of Ethics (460 IAC 6-14-7 and 460 IAC 6-36)**
- **Rights of Individuals (460 IAC 6-8)**
- **Protection of an Individual (460 IAC 6-9)**
- **General Administrative Requirements for Providers (460 IAC 6-10)**

**Please refer to Part 3 Checklist**

# **Completion of Provider Application—Part 3B**

## **Policies & Procedures Manual-**

## **Operations Manual *continued***

- **Professional Qualifications and Requirements** (460 IAC 6-14)
- **Maintenance of Personnel Records** (460 IAC 6-15)
- **Personnel Policies and Manuals** (460 IAC 6-16)
- **Maintenance of Records of Services Provided** (460 IAC 6-17)
- **Behavioral Support Plan Standards/Policies and Procedures Standards** (460 IAC 6-18-6)
- **Training Services** (460 IAC 6-24)
- **Coordination of Health Care** (460 IAC 6-25) Includes various policies as high risk, change in health status, seizure management, health incident management
- **Medication Admin/Monitoring ,Side Effects, Refusals, Storage, PRNs, etc.** (460 IAC 6-25)

# **Completing Provider Application—Part 3B**

## **Quality Assurance & Quality Improvement**

**(460 IAC 6-10-10)**

**System must include:**

- Documentation of an evaluation mechanism to measure consumer satisfaction
- Sample form/survey used to measure consumer satisfaction
- Intended frequency of consumer satisfaction surveys
- How survey information will measure outcomes and enhance service and consumer satisfaction

# **Completing Provider Application—Part 3B**

## **Quality Assurance Policies**

(IAC 460-6-10-10) Quality Assurance and Quality Improvement Systems must include:

- **Reportable Incidents**

- Process for analyzing data
- Developing recommendations to reduce risk of future incidents
- Review of recommendations to assess effectiveness

- **Medication Administration**

- Process for analyzing medication errors
- Developing recommendations to reduce risk of future med errors
- Review of recommendations to assess effectiveness

- **Behavioral Support Services**

- Process for analyzing techniques
- Developing recommendations concerning techniques
- Review of Recommendations to assess effectiveness
  - Process for identifying community behavior supports addressing challenging behaviors

- **Community/Res Hab**

- Process for analyzing techniques
- Developing recommendations concerning techniques
- Review of Recommendations to assess effectiveness



# **Completing Provider Application—Part 3B**

## **Proof of National Accreditation**

### ***Supported Employment Follow Along*** **(SEFA) 460 IAC 6-5**

***Application must include proof of accreditation by one of the following organizations:***

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Quality & Leadership in Supports for People with Disabilities
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- The National Commission on Quality Assurance or its successor

# **Completing Provider Application-Part 4**

## **Services Available**

**A written service proposal consisting of Parts 4A and 4B must be submitted to provide the following services:**

- Behavioral Support Services (level 1) (Autism, SS and DD Waivers) – 18
- Behavioral Support Services (level 2) (Autism, SS and DD Waivers) – 5-4
- Intensive Behavioral Intervention (level 1) - IBI (DD Waiver)
- Intensive Behavioral Intervention (level 2) - IBI (DD Waiver)
- Environmental Modifications - E-MODS (Autism and DD Waivers) – 5-11
- E-MODS Assessment, Inspection and Training (Autism, and DD Waivers) – 5-11
- Music Therapy (Autism, SS and DD Waivers) – 5-15
- Occupational Therapy – OT (Autism, SS and DD Waivers) – 5-17
- Personal Emergency Response Systems (Autism, SS and DD Waivers) – 5-18
- Physical Therapy – PT (Autism, SS and DD Waivers) – 5-19
- Recreational Therapy – RT (Autism, SS and DD Waivers) – 5-22
- Specialized Medical Equipment/Supplies – SMES (Autism, SS and DD Waivers)
- SMES Assessment, Inspection and Training (Autism, SS and DD Waivers) – 5-27
- Speech/Language Therapy – ST (Autism, SS and DD Waivers) – 5-28
- Therapy Services (Autism, SS and DD Waivers) – 5-21

# **Completing Provider Application—Part 4B**

## **Policies and Procedures Manual- Operations Manual**

**Policies in the Policies and Procedures Manual must include the requirements stated in *each* section of the Rule:**

■ ***Rights of Individuals*** (460 IAC 6-8)

- Constitutional and Statutory Rights (460 IAC 6-8-2)
- Promoting the Exercise of Rights (460 IAC 6-8-2)

**If a policy is required, a policy will need to be submitted.  
Refer to Part 3 & 4 Checklists**

Checklist Part 3:

[http://www.in.gov/fssa/files/Provider\\_Review\\_Template\\_Part\\_3\\_20090817\\_final\\_9-9-09.pdf](http://www.in.gov/fssa/files/Provider_Review_Template_Part_3_20090817_final_9-9-09.pdf)

Checklist Part 4:

[http://www.in.gov/fssa/files/BDDS\\_Part\\_4\\_Template-final\\_20090818-9-9-09.pdf](http://www.in.gov/fssa/files/BDDS_Part_4_Template-final_20090818-9-9-09.pdf)

# **Completing Provider Application—Part 4B**

## **Policies and Procedures Manual- Operations Manual**

...must include the requirements stated in *each* section of the Rule:

### ■ ***Protection of an Individual*** (460 IAC 6-9)

- Adoption and Policies and Procedures to Protect Individuals (6-9-2)
- Prohibiting Violation of Individual's Rights (6-9-3)
- Systems for Protecting Individuals (6-9-4)
- Incident Reporting (IR) (6-9-5)
- Transfer of Individual's Records upon Change of Provider (6-9-6)
- Notice of Termination of Services (6-9-7)

**If a policy is required, a policy will need to be submitted.**

**Refer to Part 3 & 4 Checklists**

# **Completing Provider Application—Part 4B**

## **Policies and Procedures Manual**

## **Operations Manual**

...must include the requirements stated in *each* section of the Rule:

### ■ ***Professional Qualifications and Requirements*** ***(460 IAC 6-14)***

- Requirement of Qualified Personnel (6-14-2)
- Documentation of Qualifications (6-14-3)
- Training (6-14-4); *Includes policy on training and the required trainings. (If applicable)*
- Policies and Procedures for Conflict of Interest (6-14-6)
- Policies and Procedures for Code of Ethics (6-14-7)

**If a policy is required, a policy will need to be submitted.**

**Refer to Part 3 & 4 Checklists**

# **Completing Provider Application—Part 4B**

## **Policies and Procedures Manual— Operations Manual**

...must include the requirements stated in *each* section of the Rule:

■ ***Maintenance of Personnel Records*** *if applicable*

460 IAC 6-15 to 6-18

- Maintenance of Personnel files (6-15-2) *if applicable*
- Personnel Policies and Manuals (460 IAC 6-16) *if applicable*
- Policies and Procedures documentation (6-16-3) *if applicable*
- Operations Manual (6-16-4) *if applicable*

■ ***Maintenance of Records of Services Provided*** 6-17-2

- Individuals' personal files: provider's office (6-17-4)

■ ***Behavioral Support Plan Standards/Policies and  
Procedures Standards*** (460 IAC 6-18) *if applicable*

**If a policy is required, a policy will need to be submitted.  
Refer to Part 3 & 4 Checklists**

# Completing Provider Application

## Part 3 and Part 4

- Proposals will be accepted through close of business (4 pm) July 19, 2010.
- Any proposals that do not follow the above requirements **will not** be reviewed.
- Any proposal submitted with an **Incomplete Application** (including **Provider Enrollment**) or **Insufficient Legal, Financial or Insurance** documentation receives an automatic **Denial**.
- Proposals will **not** be returned
- Applications/proposals become the property of BDDS Central office. (It is the responsible of the applicant to keep a copy of the submitted proposal.)
- Application and all supporting documentation may be subject to public inspection under the Indiana Access to Public Records Act (IC 5-14-3)

# Completing Provider Application Review Process

- Proposal is submitted to Program Review Committee no later than close of business (4 pm) on July 19, 2010
- Proposals will be reviewed in order of receipt
- Provider Relations Committee has **60 days** to review from the date of receipt.
- No Extensions
- Submit one hard copy (“wet signature”) and one electronic copy (CD, flash drive, DVD, etc.)



# Completing Provider Application Review Process-RFI

**If there is a Request for Information:**

- The **provider** will have **30 days** to submit the requested documentation. If **all** requested documentation is not received within the specified period of time, the application will be closed.
- If **all** requested documentation is received within the specified timeframe, a second and final review will then be completed within **60 days**, resulting in a determination.

## **Completing Provider Process**

# **BDDS Final Approval**

- Upon approval from Provider Relations, RHS/BSS/IBI proposals need to be approved by the Community Residential Facilities Council
- Oral discussion (Q & A) for **Residential and Behavioral Supports/IBI** for final approval
- Upon approval, provider will be notified and sent the Notice of Preliminary Review
- If denied, applicant will be notified in writing by the CRFC

*Note- Provider Relations may be asked to provide recommendation and feedback or submit your proposal for additional clarification*

## **Completing Provider Process**

# **BDDS Final Approval**

- **Provider will need to enroll with HP (EDS) to become enrolled with Medicaid**
- **When provider receives Medicaid number, BDDS is able to activate**
- **New Providers will be visited within 6 months to 1 year after serving at minimum 1 consumer**
- **No consumer in one year – Subject to termination**

# BDDS Final Approval

- If the applicant is adversely affected or aggrieved by the BDDS' determination, the applicant may request an administrative review of the determination. Such request shall be made in writing and filed with the Director of the Division of Disability and Rehabilitative Services within (15) days after the applicant receives notice of the BDDS determination per 460 IAC 6-6-3 (d)
- If the applicant's proposal has been closed or denied the applicant may resubmit in the next appropriate acceptance period

<http://www.in.gov/fssa/ddrs/2644.htm>



*People helping people,  
help themselves.*

# NEW PROVIDER ORIENTATION

**Ranita Norman**

**Director, BDDS Provider Relations**

**[Ranita.Norman@fssa.in.gov](mailto:Ranita.Norman@fssa.in.gov)**

*Bureau of Developmental  
Disabilities Services*

*Division of Disability &  
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*Thank You!*